

# STATE OF CONNECTICUT DEPARTMENT OF REVENUE SERVICES



## ELECTRONIC FILING TEST PACKAGE

TAXABLE YEAR 2004

Connecticut Department of Revenue Services  
(Rev. 10-03)



# **STATE OF CONNECTICUT ELECTRONIC FILING TEST PACKAGE (TAX YEAR 2004 - PROCESSING YEAR 2005)**

## **ELECTRONIC FILING PARTICIPANTS**

The State of Connecticut Department of Revenue Services (DRS) requires that all software developers perform the tests in this test package before their software can be used to electronically file returns for the 2004 tax year. Before testing can begin all participants must be accepted into the federal electronic filing program.

## **PURPOSE OF TESTING**

The purpose of testing is to ensure, prior to live processing, that:

1. Filers transmit in the correct format and meet the IRS and DRS electronic filing specifications.
2. Returns are mathematically correct.
3. Required fields will post to the DRS master file.
4. Filers understand and become familiar with the mechanics of electronic filing.
5. Acknowledgments are accessible through the IRS acknowledgment system.

## STATE OF CONNECTICUT TEST SCENARIOS

The test package for the 2003-tax year consists of **12** return scenarios. Each scenario is based upon a Federal test scenario within the IRS Test package. **(Since the Tax Year 2004 IRS test package is unavailable until October 27, we will use the Federal return from the IRS draft form package dated 9/29/04).** Each test has a summary page that shows changes to the Federal return to conform to the CT test package. Seven of the test scenarios will be testing the Form CT-1040 return and five will test the Form CT-1040NR/PY return. One of the test returns for Form CT-1040 are on Form CT-1040 to verify that you are able to easily convert form CT-1040EZ to an electronic Form CT-1040. Filers must correctly prepare and compute these returns before transmitting the tests.

There are several scenarios that remain exclusions to the program that are outlined in the ***Electronic Filing Information for Software Developers*** publication. An example of an exclusion would be a change in filing status or change in Federal adjusted gross income from the Federal tax return to the State of Connecticut income tax return.

Software developers must notify the State Coordinator before transmitting the first test group. Software developers who only develop the CT-1040 forms are not required to test the CT-1040NR/PY test returns.

If a software developer elects only to develop the Form CT-1040, they will only need to submit Tests 1-7 for approval.

**Variables:** We accept variances for some differences in test transmissions. The most common variances are:

- Rounding: Difference in tax when using tax tables and the tax calculation worksheet
- **Every attempt has been made to ensure the quality of these test returns, however if a value on the Federal return requires to be changed so that a CT test would be correct, feel free to make the corrections and contact the e-file coordinator to update the test package.**

## WHEN TO TEST

Testing will begin on November 9, 2004. Test returns may be transmitted as many times as needed. Every test transmission must include the ten valid test scenarios even if only one return was in error.

Although software may be approved by DRS prior to January 1, 2004, all software developers are required to transmit a clean test group between January 1st and January 10<sup>th</sup> of 2004.

All State of Connecticut testing should be complete on or before January 14, 2004.

## SOCIAL SECURITY NUMBERS FOR TESTING

The IRS has assigned the DRS the following range of test social security numbers:  
400-00-5700 to 400-00-5799

## ELECTRONIC FILING SOFTWARE DEVELOPER ASSISTANCE

If you have any questions or comment regarding the DRS electronic filing tests please contact:

State of Connecticut Department of Revenue Services  
Jim Annino, Electronic Filing Coordinator  
25 Sigourney St  
Hartford, CT 06106  
(860) 297-4713  
Fax: (860) 297-4761  
E-mail: [jim.annino@po.state.ct.us](mailto:jim.annino@po.state.ct.us)

State of Connecticut  
Electronic Filing Test Package  
Tax Year 2004  
**State changes are bolded**

Form: CT-1040EZ

Test: 400-00-5701

Based off Federal Test: 400-00-1008

Name: Test M Lucky

Home Address: (13 WINNERS CIRCLE)  
City, State, and Zip: (**WILLIMANTIC CT 06226**)

Form W-2 #1:

b. Employers identification number: (56-1234567)  
c. Employers name address and Zip Code: (THOROUGHBRED FARMS)

f. Employees address and Zip code: (13 WINNERS CIR)  
(**WILLIMANTIC CT 06226**)

Box 15 State and State ID Number: (**CT 0007039-000**)  
Box 16 State Wages: (14000)  
Box 17 State Income Tax withheld: (**270**)

Form 1099G #1:

Payer's federal identification number: (061367424)  
Payer's name, address and Zip code: (**STATE OF Connecticut**)  
(**Wethersfield, CT 06109-1114**)

Recipient's address and Zip code: (13 WINNERS CIR)  
(**WILLIMANTIC CT 06226**)

Box 1 Unemployment compensation: (2760)  
Box 3 Amount for tax year: (2002)  
**Box 5 State Tax Withheld: (10)**

**DIRECT DEPOSIT INFORMATION**

**ROUTING NUMBER: 211977197**  
**BANK ACCT NUMBER: 12345678901234567**  
**BANK ACCOUNT TYPE: CHECKING**

0401100011

20

**Form CT-1040 - 2004**  
Connecticut Resident Income Tax Return

Other taxable year, beginning: **2004** and ending:

400005701 Y S MFJ/QW MFS HH

TEST M LUCKY

No forms next year.

13 WINNERS CIRCLE

Form CT-2210 required.

WILLIMATIC CT 06226

1. Federal adjusted gross income (from federal Form 1040, Line 36; Form 1040A, Line 21; Form 1040EZ, Line 4; or federal Telefile, Line I)	1.	16126
2. Additions to federal adjusted gross income (from Schedule 1, Line 39)	2.	
3. Add Line 1 and Line 2	3.	16126
4. Subtractions from federal adjusted gross income (from Schedule 1, Line 50)	4.	
5. <b>Connecticut Adjusted Gross Income</b> (Subtract Line 4 from Line 3)	5.	16126
6. Income Tax (from Tax Tables or Tax Calculation Schedule, see instructions, Page X)	6.	31
7. Credit for income taxes paid to qualifying jurisdictions (from Schedule 2, Line 59)	7.	
8. Subtract Line 7 from Line 6 (If Line 7 is greater than Line 6, enter "0".)	8.	31
9. Connecticut Alternative Minimum Tax (from Form CT-6251)	9.	
10. Add Line 8 and Line 9.	10.	31
11. Credit for property taxes paid on your primary residence and/or motor vehicle (from Schedule 3, Line 68)	11.	
12. Subtract Line 11 from Line 10 If less than zero, enter "0".)	12.	31
13. Adjusted Net Connecticut Minimum Tax Credit (from Form CT-8801)	13.	
14. <b>Connecticut Income Tax</b> (Subtract Line 13 from Line 12. If less than zero, enter "0".)	14.	31
15. Individual Use Tax (From Schedule 4, Line 69) If no tax is due, enter "0"	15.	60
16. <b>Total Tax</b> (Add Line 14 and Line 15)	16.	91

Clip Check or Money Order here (Do Not Staple).  
Do Not Attach W-2, W-2G, or 1099 Forms.

0401100011

0401100011

17. Amount from Line 16 (Total Tax)

17.

91

**W-2, W-2G, and 1099 Identification Information** (only enter if Connecticut income tax was withheld)

	Column A		Column B		Column C
	Employer Identification Number		Connecticut Wages, Tips, Etc.		Connecticut Income Tax Withheld
18a.	561234567	•	14000		270
18b.	061367424	•	2760		10
18c.		•			
18d.		•			
18e.		•			
18f.		•			
18g.		•			
18h.	Enter additional Connecticut withholding from Schedule CT-1040WH, Line 3.				18h.
18.	<b>Total Connecticut Income Tax Withheld</b> (add the amounts in Column C and enter here)				18. 280
19.	All 2004 estimated tax payments and any overpayments applied from a prior year				19.
20.	Payments made with Form CT-1040EXT (Request for extension of time to file)				20.
21.	<b>Total Payments</b> (Add Lines 18, 19, and 20)				21. 280
22.	<b>Overpayment</b> (If Line 21 is more than Line 17, subtract Line 17 from Line 21.)				22. 189
23.	Amount of Line 22 you want applied to your 2005 estimated tax				23.

<b>Contributions</b>	24a. AR	2	24b. OT	5	24c. ES/W	15
	24d. BCR	5	24e. SNS	2		
24.	<b>Total Contributions</b> of Refund to Designated Charities (add amounts from Lines 24a - 24e)				24.	29
25.	<b>Refund</b> (Subtract Lines 23 and 24 from Line 22)					
	For faster refund, choose Direct Deposit and complete Lines 25a, 25b, and 25c.				25.	160
25a. Acct. Type	Y Ck.	Sv.	25b. Rout. #	211977197	25c. Acct. #	12345678901234567

26.	<b>Tax Due</b> (If Line 17 is more than Line 21, subtract Line 21 from Line 17)	26.
27.	If Late: Enter Penalty (Multiply Line 26 by 10% (.10))	27.
28.	If Late: Enter Interest (Multiply Line 26 by number of months late or fraction thereof, then by 1% (.01))	28.
29.	Interest on underpayment of estimated tax (From Form CT-2210. See instructions, page X)	29.
30.	<b>Total Amount Due</b> (Add Lines 26 through 29)	30.

I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Your Signature

Date

Daytime Telephone Number

Spouse's Signature (if joint return)

Date

Daytime Telephone Number

Paid Preparer's Signature

Date

Telephone Number

Preparer's SSN or PTIN

P20000441

Firm's Name, Address, and ZIP Code

FEIN

56-1494243

**Third Party Designee** - Complete the following if you wish to authorize DRS to contact another person about this return.

Designee's Name

Telephone Number

Personal Identification Number (PIN)

•

•

•

Sign Here  
Keep a copy for your records.

**Schedule 1 - Modifications to Federal Adjusted Gross Income**

31. Interest on state and local government obligations other than Connecticut 31.
32. Mutual fund exempt-interest dividends from non-Connecticut state or municipal government obligations 32.
33. Special depreciation allowance for qualified property placed in service during this year 33.
34. Taxable amount of lump-sum distributions from qualified plans not included in federal adjusted gross income 34.
35. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater than zero) 35.
36. Loss on sale of Connecticut state and local government bonds 36.
37. *Allocated for future use* • 37.
38. Other - specify • 38.
39. **Total Additions** (Add Lines 31 through 38) Enter here and on Line 2. 39.
40. Interest on U.S. government obligations 40.
41. Exempt dividends from certain qualifying mutual funds derived from U.S. government obligations 41.
42. Social Security benefit adjustment (See Social Security Benefit Adjustment Worksheet, page X) 42.
43. Refunds of state and local income taxes 43.
44. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities 44.
45. Special depreciation allowance for qualified property placed in service during the preceding year 45.
46. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less than zero) 46.
47. Gain on sale of Connecticut state and local government bonds 47.
48. *Allocated for future use* • 48.
49. Other - specify (Do not include out of state income) • 49.
50. **Total Subtractions** (Add Lines 40 through 49) Enter here and on Line 4. 50.

**Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions**

51. Modified Connecticut adjusted gross income 51.

Col. A

Col. B

52. Enter qualifying jurisdiction's name and two-letter code 52. • •
53. Non-Connecticut income included on Line 51 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page X) 53.
54. Divide Line 53 by Line 51 (May not exceed 1.0000) 54. • •
55. Income tax liability (Subtract Line 11 from Line 6) 55.
56. Multiply Line 54 by Line 55 56.
57. Income tax paid to a qualifying jurisdiction (See instructions, Page X) 57.
58. Enter the lesser of Line 56 or Line 57 58.
59. Total credit (Add Line 58, all columns) Enter here and on Line 7. 59.

Schedule 3 - Property Tax Credit Worksheet

Qualifying Property	Primary Residence	Auto 1	Auto 2
Name of Connecticut Tax Town or District	•	•	•
Description of Property	•	•	•
List or Bill Number	•	•	•
Date(s) Paid	•	•	•
	•	•	•
Amount Paid	60.	61.	62.
63. Total Property Tax Paid (Add Lines 60, 61, and 62.)			63.
64. Maximum property tax credit allowed			• 64. 3 5 0
65. Enter the lesser of Line 63 or Line 64.			• 65.
66. Enter the Property Tax Credit Limitation Decimal Amount (If zero, enter amount from Line 65 on Line 68.)			• 66. .
67. Multiply Line 65 by Line 66			• 67.
68. Subtract Line 67 from Line 65. Enter here and on Line 11.			68.

Schedule 4 - Individual Use Tax Worksheet

Column A	Column B	Column C	Column D	Column E	Column F	Column G
• 5/15/04	clothes	Lands End	1000	60		60
•						
•						
•						
•						
•						
•						
•						
•						
•						
•						
• Total of individual purchases under \$300 not listed above						
69. Individual Use Tax						• 69. 60

Make your check or money order payable to: "Commissioner of Revenue Services" To ensure proper posting, write your SSN(s) and "2004 Form CT-1040" on your check or money order.		
Mail to:	For refunds and all other tax forms without payment: Department of Revenue Services PO Box 5002 Hartford CT 06102-5002	For all tax forms with payment: Department of Revenue Services PO Box 2935 Hartford CT 06104-2935



## Label

(See instructions on page 16.)

## Use the IRS label.

Otherwise, please print or type.

L  
A  
B  
E  
L  
  
H  
E  
R  
E

For the year Jan. 1-Dec. 31, 2004, or other tax year beginning , 2004, ending , 20

OMB No. 1545-0074

Your first name and initial

Last name

Your social security number

If a joint return, spouse's first name and initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

## ▲ Important! ▲

You must enter your SSN(s) above.

Presidential Election Campaign  
(See page 16.)

Note. Checking "Yes" will not change your tax or reduce your refund.

Do you, or your spouse if filing a joint return, want \$3 to go to this fund? . . . ▶

You Spouse  
☐ Yes ☐ No ☐ Yes ☐ No

## Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
- 4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶
- 5 ☐ Qualifying widow(er) with dependent child (see page 17)

## Exemptions

If more than four dependents, see page 18.

6a ☐ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . .b ☐ Spouse . . . . .

## c Dependents:

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see page 18)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Boxes checked on 6a and 6b

No. of children on 6c who:

- lived with you
- did not live with you due to divorce or separation (see page 18)

Dependents on 6c not entered above

Add numbers on lines above ▶

d Total number of exemptions claimed . . . . .

## Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 19.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

- 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . 7
- 8a Taxable interest. Attach Schedule B if required . . . . . 8a
- b Tax-exempt interest. Do not include on line 8a . . . . . 8b
- 9a Ordinary dividends. Attach Schedule B if required . . . . . 9a
- b Qualified dividends (see page 20) . . . . . 9b
- 10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) . . . . . 10
- 11 Alimony received . . . . . 11
- 12 Business income or (loss). Attach Schedule C or C-EZ . . . . . 12
- 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐ 13
- 14 Other gains or (losses). Attach Form 4797 . . . . . 14
- 15a IRA distributions . . . . . 15a b Taxable amount (see page 22) 15b
- 16a Pensions and annuities . . . . . 16a b Taxable amount (see page 22) 16b
- 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . 17
- 18 Farm income or (loss). Attach Schedule F . . . . . 18
- 19 Unemployment compensation . . . . . 19
- 20a Social security benefits . . . . . 20a b Taxable amount (see page 24) 20b
- 21 Other income. List type and amount (see page 24) . . . . . 21
- 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22

## Adjusted Gross Income

- 23 Educator expenses (see page 26) . . . . . 23
- 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . 24
- 25 IRA deduction (see page 26) . . . . . 25
- 26 Student loan interest deduction (see page 28) . . . . . 26
- 27 Tuition and fees deduction (see page 29) . . . . . 27
- 28 Health savings account deduction. Attach Form 8889 . . . . . 28
- 29 Moving expenses. Attach Form 3903 . . . . . 29
- 30 One-half of self-employment tax. Attach Schedule SE . . . . . 30
- 31 Self-employed health insurance deduction (see page 30) . . . . . 31
- 32 Self-employed SEP, SIMPLE, and qualified plans . . . . . 32
- 33 Penalty on early withdrawal of savings . . . . . 33
- 34a Alimony paid b Recipient's SSN ▶ 34a
- 35 Add lines 23 through 34a . . . . . 35
- 36 Subtract line 35 from line 22. This is your adjusted gross income . . . . . 36

**Tax and Credits****Standard Deduction for—**

• People who checked any box on line 38a or 38b or who can be claimed as a dependent, see page 31.

• All others:

Single or Married filing separately, \$4,850

Married filing jointly or Qualifying widow(er), \$9,700

Head of household, \$7,150

<b>37</b>	Amount from line 36 (adjusted gross income)	<b>37</b>	
<b>38a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1940, <input type="checkbox"/> Blind. <b>Total boxes checked</b> <b>38a</b> <input type="checkbox"/>		
<b>b</b>	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here <b>38b</b> <input type="checkbox"/>		
<b>39</b>	<b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>39</b>	
<b>40</b>	Subtract line 39 from line 37	<b>40</b>	
<b>41</b>	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet on page 32	<b>41</b>	
<b>42</b>	<b>Taxable income.</b> Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	<b>42</b>	
<b>43</b>	<b>Tax</b> (see page 33). Check if any tax is from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972	<b>43</b>	
<b>44</b>	<b>Alternative minimum tax</b> (see page 35). Attach Form 6251	<b>44</b>	
<b>45</b>	Add lines 43 and 44	<b>45</b>	
<b>46</b>	Foreign tax credit. Attach Form 1116 if required	<b>46</b>	
<b>47</b>	Credit for child and dependent care expenses. Attach Form 2441	<b>47</b>	
<b>48</b>	Credit for the elderly or the disabled. Attach Schedule R	<b>48</b>	
<b>49</b>	Education credits. Attach Form 8863	<b>49</b>	
<b>50</b>	Retirement savings contributions credit. Attach Form 8880	<b>50</b>	
<b>51</b>	Child tax credit (see page 37)	<b>51</b>	
<b>52</b>	Adoption credit. Attach Form 8839	<b>52</b>	
<b>53</b>	Credits from: <b>a</b> <input type="checkbox"/> Form 8396 <b>b</b> <input type="checkbox"/> Form 8859	<b>53</b>	
<b>54</b>	Other credits. Check applicable box(es): <b>a</b> <input type="checkbox"/> Form 3800 <b>b</b> <input type="checkbox"/> Form 8801 <b>c</b> <input type="checkbox"/> Specify	<b>54</b>	
<b>55</b>	Add lines 46 through 54. These are your <b>total credits</b>	<b>55</b>	
<b>56</b>	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	<b>56</b>	

**Other Taxes**

<b>57</b>	Self-employment tax. Attach Schedule SE	<b>57</b>	
<b>58</b>	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	<b>58</b>	
<b>59</b>	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	
<b>60</b>	Advance earned income credit payments from Form(s) W-2	<b>60</b>	
<b>61</b>	Household employment taxes. Attach Schedule H	<b>61</b>	
<b>62</b>	Add lines 56 through 61. This is your <b>total tax</b>	<b>62</b>	

**Payments**

If you have a qualifying child, attach Schedule EIC.

<b>63</b>	Federal income tax withheld from Forms W-2 and 1099	<b>63</b>	
<b>64</b>	2004 estimated tax payments and amount applied from 2003 return	<b>64</b>	
<b>65a</b>	<b>Earned income credit (EIC)</b>	<b>65a</b>	
<b>b</b>	Nontaxable combat pay election <b>65b</b>	<b>65b</b>	
<b>66</b>	Excess social security and tier 1 RRTA tax withheld (see page 54)	<b>66</b>	
<b>67</b>	Additional child tax credit. Attach Form 8812	<b>67</b>	
<b>68</b>	Amount paid with request for extension to file (see page 54)	<b>68</b>	
<b>69</b>	Other payments from: <b>a</b> <input type="checkbox"/> Form 2439 <b>b</b> <input type="checkbox"/> Form 4136 <b>c</b> <input type="checkbox"/> Form 8885	<b>69</b>	
<b>70</b>	Add lines 63, 64, 65a, and 66 through 69. These are your <b>total payments</b>	<b>70</b>	

**Refund**

Direct deposit? See page 54 and fill in 72b, 72c, and 72d.

<b>71</b>	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you <b>overpaid</b>	<b>71</b>	
<b>72a</b>	Amount of line 71 you want <b>refunded to you</b>	<b>72a</b>	
<b>b</b>	Routing number <input type="text"/>	<b>c</b>	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
<b>d</b>	Account number <input type="text"/>		
<b>73</b>	Amount of line 71 you want <b>applied to your 2005 estimated tax</b>	<b>73</b>	

**Amount You Owe**

<b>74</b>	<b>Amount you owe.</b> Subtract line 70 from line 62. For details on how to pay, see page 55	<b>74</b>	
<b>75</b>	Estimated tax penalty (see page 55)	<b>75</b>	

**Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 56)? ☐ **Yes.** Complete the following. ☐ **No**

Designee's name  Phone no.  ( ) Personal identification number (PIN)

**Sign Here**

Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number ( )
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	

**Paid Preparer's Use Only**

Preparer's signature <input type="text"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code <input type="text"/>	EIN	Phone no. ( )	

